DELIVERING SERVICES

CHAPTER 4:

Mental Health Services

People living with or affected by HIV need access to a broad range of mental health services. Some services may be more widely available, particularly traditional mental health services, while others have been developed in response to the unique needs of persons affected by HIV. This section of the Practical Guide describes the range of mental health services offered by the Demonstration sites in response to the ever-changing impact of HIV infection on the biomedical, psychological, social, cultural, and spiritual dimensions of each client's life and experience.

...a flexible approach to engaging clients.

ENTERING THE MENTAL HEALTH SYSTEM

People living with HIV may enter the mental health system through a variety of means:

- Referrals from medical and allied health staff of hospitals, both from general medical units and from inpatient psychiatric units
- Community-based public health clinics, including Sexually Transmitted Disease/HIV testing programs
- Non-governmental organizations providing community-based HIV-related services
- Public and private providers of substance abuse treatment
- Various levels of the legal and court system, including prison/jail discharge planners, parole and probation offices, community-based ex-offenders' groups, and child protective services
- Peer-led HIV service and support organizations
- "Word of mouth" referrals
- Social services staff at local government levels
- Community-based providers of services to people who are homeless
- General mental health service systems, both publicly and privately based, that do not possess the capacity to provide HIV-specific mental health care

Clients with HIV infection who enter the mental health service system may have long-standing mental and/or addictive disorders that were present prior to HIV infection. Some may develop symptoms of a mental disorder—such as a mood or adjustment disorder—in response to learning of their HIV status, while others may develop more serious symptoms of psychosis or mania due to the progression of HIV infection itself. Regardless of the severity or duration of mental and/or substance abuse problems, some people living with HIV experience powerful feelings of loss, shame, and guilt related to HIV infection and may cope through deeply held denial or avoidance.

Clients can benefit from a broad range of HIV-specific mental health interventions. However, for some, it may be very difficult to acknowledge a personal need for mental health services. The mental health service system needs to take a flexible approach to engaging clients. For example, a client may not attend one or several scheduled intake appointments. Service providers need to accept this and be willing to reach out to and engage the client. A section discussing approaches to enhance the engagement of clients follows the overview of services described below.

SERVICES OFFERED

The following services, either alone or in combination, comprise the foundation of mental health treatment offered by the Demonstration projects. Some of these services will be described in more detail later in this chapter. Determining the package of services that will be clinically useful involves an accurate and comprehensive assessment of clients' functioning so that the link to appropriate treatment and services can be made successfully. For instance, a client recently released from prison who had been receiving psychotropic treatment for bipolar disorder and recently began Highly Advanced Anti-retroviral Treatment (HAART) to slow the progression of HIV will need a formal biopsychosocial assessment that may prompt linkages to case management, psychiatric evaluation, medication management, psychotherapy, residential services, or psychosocial rehabilitation, when indicated.

As a component of each service, it is important to incorporate a discussion of risk reduction strategies, specifically ways for clients to promote safer sexual behavior and safer drug use for those clients who use drugs. As more advanced medications become available to prevent the progression of HIV, it is critical that mental health clinicians use their unique perspectives to assist clients in adhering to complex medication regimens. Becoming aware of the psychological and social barriers that may inhibit client adherence to such life-extending medications needs to be addressed in the helping relationship between clinician and client.

Psychotherapy and counseling. Sometimes referred to as "the talking cure," psychotherapy or counseling with a person with HIV infection can occur at many levels, through diverse modalities, and from different theoretical perspectives. Some clients are only interested in looking at their immediate situation, resolving issues that may cause present pain, ongoing relationship struggles, coping with HIV infection, or sorting out job options. Others may move toward a deeper examination of their past and the early childhood alliances and formative experiences that may have shaped their sense of self, their current relationships, or their functioning.

Clients with a history of sexual abuse often discover that working through aspects of childhood trauma can be both a liberating and necessary step in moving toward a commitment to self-care and risk reduction. Psychotherapy can help clients develop greater self-awareness, stronger coping skills, and greater motivation to engage in meaningful and productive activities. Clients with a history of substance use often discover and begin to heal—through counseling or psychotherapy—the underlying pain against which they have long sought to medicate themselves. (See Chapter 8 on Psychotherapy and Counseling for a discussion of psychotherapy treatment modalities and theoretical approaches used by the 11 Demonstration projects. See Chapter 9 for more information on counseling themes.)

Case management. Past experience in serving people with serious and persistent mental illness in community mental health centers led to the development of case management as a supportive approach that provides clients with case managers who link and refer clients to needed services—such as additional mental health treatment, entitlements, housing, clothing, and financial assistance—and advocate on behalf of the client to other agencies and organizations. As trust develops, case managers may be able to introduce more traditional mental health services. Seeking change in a supportive case management relationship in which there are mutually identified service goals may lead to greater empowerment for clients. Ultimately, clients may gain skill and comfort seeking additional services for themselves. (See Chapter 7 on Case Management.)

Psychiatric evaluation. Completed as part of a formal and comprehensive biopsychosocial assessment, the psychiatric evaluation involves assessing clients' presenting mental health symptoms, past psychiatric treatment, current mental health status, and the appropriateness of a psychotropic medication evaluation. Psychiatric evaluations also may be helpful in obtaining a consultation related to diagnoses or further evaluation of neuropsychiatric symptoms. Clients with a history of psychotic mental illness or those with past or current diagnoses of mood disorders (e.g., depression and bipolar disorder) and anxiety disorders may benefit from taking medications that alleviate their symptoms.

Medication management. Once medications have been provided by the prescribing clinician, follow-up is required to ensure that clients understand medication dosing and side effects, to monitor medication effectiveness and adherence, and to watch for possible adverse effects. There is a heightened need for sensitivity regarding adverse drug effects when working with those with HIV due to possible interactions between psychotropic drugs prescribed simultaneously with HIV-related medications. In addition, close monitoring of organ functioning and blood levels is needed, given the presence of HIV infection and other chronic medical complications.

Inpatient psychiatric hospitalization. Stabilizing a client's psychiatric symptoms may not always be possible in an outpatient setting. Staff often will recommend inpatient psychiatric hospitalization. Clients may voluntarily agree to such hospitalization, recognizing the need for greater structure and supervision. However, there may be a need for involuntary commitment and detention to an inpatient psychiatric setting for those whose threats of harm to self or others have been assessed as acutely dangerous and whose symptoms or behaviors interfere with accepting help. Psychiatric hospitalization involves a thorough biomedical and psychiatric assessment that may lead to changes or improvements in psychotropic treatments. These efforts are supplemented with group treatment, occupational therapies, and multidisciplinary inpatient care.

Emergency services. Working with persons who have mental disorders requires the availability of emergency and crisis intervention/stabilization services, as well as the programmatic flexibility to accommodate "drop-in" visits when needed. The re-emergence of psychotic symptoms, or decompensation, requires immediate assessment and intervention. Similarly, threats of suicide and/or homicide must be assessed to determine a client's intent, history, plan, and means to act. The stress of living with HIV may require heightened monitoring of those most at risk for harming themselves or others.

Psychosocial rehabilitation, partial hospitalization, and psychiatric day treatment. For those with serious and persistent mental illness, psychosocial rehabilitation programs offer day support to enhance self-care and social functioning, and to stimulate a sense of self that incorporates and internalizes the ability to manage oneself (See Chapter 13 on Psychosocial Rehabilitation). Partial hospitalization programs provide more intensive outpatient treatment for those whose mental health symptoms seem too deeply entrenched to be alleviated by outpatient psychotherapy. These approaches include more frequent, often daily, monitoring of medication adherence and greater support, including the use of group work. Partial hospitalization and psychiatric day treatment may be a short-term intervention during times of intensified symptomatic distress and risk.

Residential services and treatment. For those for whom independent living may be too unstructured, residential services may offer placements with varying levels of staff support that seek to maximize medication adherence, social living skills, and self-care, and to introduce tasks of independent living in a consciously stepped fashion so that clients may find success in their efforts toward greater independence. A more structured environment, specifically as it relates to medication adherence, may improve medical and physical outcomes for persons with HIV infection who have lived in more chaotic circumstances, those who have cognitive impairments, and those who have not successfully adhered to their medication regimen. Residential treatment also is often a long-term and intensive intervention that may prove successful in helping clients maintain sobriety.

Expressive therapies. Art, music, dance, psychodrama, bibliotherapy, and other expressive therapies can provide a means to access and express emotional experiences that otherwise may not arise in talk-driven psychotherapy. Frequently, for those living with HIV, certain defense mechanisms, like denial and sublimation, serve to protect clients from overwhelming anxiety and fear related to HIV infection and its progression. Expressive therapies seek to uncover such distress in a non-threatening and non-confrontational manner so that the client may gain mastery over it.

COMPLEMENTARY TREATMENTS

Several emerging therapies may be used in combination with traditional mental health services to expand the choices available to clients participating in the development of their own treatment plans. In addition to the sense of empowerment that stems from having choices and assuming greater control in dealing with one's illness, complementary treatments may offer other means of generating psychological, emotional, and spiritual support. They also may offer relief from pain associated with neuropathy linked to antiretroviral therapies. Service programs may seek partnerships with a diverse range of clinicians who have expertise in these treatments and a clinical understanding of HIV and mental health issues, as well as an openness to collaborative and integrated care.

Herbal therapies. There is a growing interest in herbal therapies for the treatment of psychiatric symptoms such as depressed mood, anxiety, insomnia, cognitive slowing, and memory loss. Surveys of research literature have shown that St. John's Wort (hypericum perforatum) seems helpful in the treatment of mild to moderate depression (Linde et al, 1996). Similarly, Ginkgo Biloba has shown some efficacy and benefit for persons with moderate to severe memory impairment (LeBars et al, 1997). Other herbal therapies have not yet been found to be demonstrably effective for other mental health symptoms.

Acupuncture. A component of traditional Chinese medicine that dates back many centuries, acupuncture seeks to enhance energy flow with the use of needles or pressure (commonly called acupressure or shiatsu) at certain points along the body's network of meridians that conduct chi (energy) through the body. Recently published findings indicate that acupuncture seems helpful for HIV and other medical conditions (Shlay et al, 1998). Though promising, research involving acupuncture's treatment for psychiatric purposes is not yet definitive.

Exercise. The physical benefits of exercise are well known and also may benefit clients with emotional distress. For example, involvement in some form of exercise seems to promote a decrease in symptoms related to mild to moderate depression. Additionally, for persons with HIV, exercise appears to reduce other emotional distress and enhance immune functioning (Perna et al, 1998). It is important to ascertain whether clients have previously been involved in exercise and their willingness to resume physical activity.

Stress reduction and relaxation techniques. Relaxation techniques seem to show promise in helping persons cope with anxiety and other distress. Guided imagery, progressive relaxation, meditation, visualization, and hypnotherapy have been shown to reduce emotional distress and promote well-being.

Other nontraditional therapies. Approaches such as massage therapy and body work have been found to be beneficial in reducing tension and alleviating some physical manifestations associated with HIV infection. Some believe that these approaches are useful as adjunctive measures in treating some mental disorders.

ENGAGING CLIENTS THROUGH OUTREACH

Many of the 11 Demonstration projects used outreach as a means to engage and retain clients who may not acknowledge a need for mental health care. In addition, many clients served by the Demonstration Program experienced numerous barriers (e.g., lack of transportation or child care, and psychological distress) that prevented them from keeping appointments or continuing to receive services. Service providers can engage individuals in the service delivery process by making repeated telephone calls, finding clients on the street, or making home visits. Outreach contributes to ongoing clinical service delivery by offering supportive telephone counseling and psychotherapy to persons who are unable to travel to the service site. Outreach can be performed by clinicians or paraprofessionals with sensitivity to individuals in alienated subcultures.

...outreach contributes to ongoing clinical service delivery...

Treatment or services offered outside of the treatment facility. Clients in detention facilities, hospitals, shelters, long-term care facilities, and those who require home-based services often lack access to treatment and support services. By meeting clients where they are, clinical staff can successfully reach people with disabilities, those with debilitating medical complications, those who cannot afford transportation, and parents whose child care responsibilities interfere with treatment. Off-site service delivery can be negotiated and reassessed periodically between clients and clinicians so that clients do not become unnecessarily dependent on clinicians or other program staff and can begin to receive or resume services at the agency setting when able or feasible.

COORDINATION OF CARE

Conducting joint assessments with primary medical staff. Offering joint assessments may decrease the need for multiple intakes for clients, reduce the administrative burden for clinicians, and lay the foundation for a team approach to treatment. Involving the client's primary medical providers in the assessment and delivery of mental health services enables providers and clinicians across disciplines to have a more comprehensive understanding of the client's primary medical and mental health needs. This step also fosters a treatment approach informed by a biopsychosocial perspective. Facilitating the development of provider teams also may reduce duplication of services and avoid damaging impediments to the therapeutic process, such as "splitting" or triangulation.

Offering interdisciplinary "prescription" team meetings with clients. When a client is receiving many services at the same time, such as medical care, case management, mental health, and substance abuse treatment, coordination of care among providers becomes essential for several reasons. First, duplication or gaps in service can be problematic. Second, clients with personality disorders sometimes pit one provider against another. And third, a client may present a particular display of symptoms to one provider and quite a different diagnostic picture to another.

By periodically bringing all players, including the client, to the treatment planning table, such obstacles can be addressed and clarified. The Alexandria project makes frequent use of such prescription team meetings throughout the client's treatment. While, at first glance, coordinating and scheduling such a meeting may seem cumbersome and time-consuming, staff have uniformly found these meetings to be helpful in preventing confusion, misunderstandings, and wasted effort during the course of treatment. The sharing of information from different disciplines also enriches the knowledge, skills, and abilities among providers.

Such meetings can be useful at different phases of treatment. Sometimes, one provider through such a meeting can effectively link a reluctant or hesitant client to an historically stigmatized service such as mental health. In working with mothers who are connected to the Child Protective Service system, close coordination usually is essential. During times of crisis, when the client's situation needs to be stabilized or reassessed, or when an intervention needs to be initiated, the prescription team meeting can be a powerful coordination tool.

Expansion of the traditional mental health role. It was the experience of the Demonstration projects that clinicians benefited from being actively involved in case management activities and serving as a consultant to or liaison with the primary medical provider. In addition, clinicians were effective advocates in linking clients to other service providers as they sought access to entitlements and support services, such as legal advice. Once case management needs are identified, clinicians were able to determine the client's capacity to follow through with potential referrals.